

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045597

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 57VS 300
Rev. 4/59

1/020

2/0202

3

4 0

5 1

6

7 0

8 0

9442X

10

11

1290-2

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED NOV 27 1962

1. PLACE OF DEATH

a. COUNTY

SHELBY

b. CITY (If outside corporate limits, give TOWNSHIP only)

CHARENCE, MO.

Length of stay in 1b

80 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

FAMILY HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

SHELBY

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

CHARENCE, MO.

d. STREET

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOSEPH

ALLEN

HAINES

4. DATE

Month

Day

Year

DEATH

Nov

16

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-22-1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

Printing Business

Missouri

U.S.A.

13a. FATHER'S NAME

JIM HAINES

13b. MOTHER'S MAIDEN NAME

JANE HATE

14. NAME OF HUSBAND OR WIFE

CHARA HAINES

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

CHARA HAINES CHARENCE, MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH

2 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic myocardial Failure

5 years

DUE TO (c)

Chronic Cardiovascular Renal Heart Disease

1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-1-1950 to Nov. 15, 1962 and last saw him alive on Nov. 15, 1962

Death occurred at 1:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. B. L. Edrington D.O.

22b. ADDRESS

Clarence, Mo.

22c. DATE SIGNED

11-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Nov 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

MAPLEWOOD CEMETARY

23d. LOCATION (City, town, or county)

CHARENCE, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

GREENING CHARENCE, MO.

25. DATE RECD. BY LOCAL REG.

11-20-62

26. REGISTRAR'S SIGNATURE

Marianne Simpson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit not obtained - M64

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles V. Greening

Licensed Embalmer No. 4425

P. O. Address Clarence Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.